U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only AUG READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
-	
1. File Number U - / / / C	2. Fiscal Year Covered From:
	01/01/304 Through: 12/3/ /2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MARLIN B MCCURDY	Name INT. I COTHER HOOD OF BOILERMAN
,	Labor Organization File Number 242 030840
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6815 N CXFCING LN	Street 6404 N PITTS BURG
City SPOKANE	City SPC A NE
State 14-4 ZIP Code + 4 99208	State 11/4, ZIP Code + 4 992/7-7
i. Position in labor organization. Busini 188.	
	ouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):  In derived income or other economic benefit of the representation representations.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name EZ logger Boot TRAILER INC	Lunch mering To discuse
Trade Name, if any:	WORK SHIRE Program for Employees
P.O. Box, Bldg., Room No., if any R.O. Box 3263 TA	WORK SHIRE Program for Employees for /soy  Tunch & Chaper II Sporkano, Wa.
Street N 7/7 HamilTiel	7.b. Amount.
City Spekane	14,00
State WA ZIP Code + 4 99220	
Sig	nature
	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Maeli B. Mc Rendy	on 7/27/2015 508-328-1294